

**CORVALLIS POLICE DEPARTMENT
REQUEST FOR RECORDS INFORMATION**

REQUESTER: _____ PHONE: _____
NAME (PLEASE PRINT)

ADDRESS _____
CITY STATE ZIP

AGENCY OR BUSINESS _____

NOTE: Charges are based on an average of personnel time used in researching and reviewing records. Fees for accident or incident requests are for processing the request and are non-refundable.

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes.

SIGNATURE OF REQUESTING PERSON: _____ DATE: _____

INVESTIGATIVE REPORT	CRIMINAL HISTORY
REPORT TYPE: _____	<input type="checkbox"/> Request Letter of Clearance or
REPORT NO: _____	<input type="checkbox"/> I request to see information held by the Corvallis Police Department
DATE/TIME: _____	Pertaining to: _____ (Myself, my son, daughter, person over who I excise guardianship, or other)
LOCATION: _____	NAME: _____
INVOLVED PERSONS: _____	ADDRESS: _____
_____	DATE OF BIRTH: _____

FOR OFFICE USE ONLY:

- ☐ Copy of report provided
- ☐ Request denied (reason listed below)
- ☐ No record found
- ☐ Record Reviewed (no copy made)
- ☐ Records Challenged (Challenge attached)

IDENTIFICATION:

- ☐ Person known by agency _____
- ☐ Driver's License #: _____
- ☐ Other ID: _____

COMMENTS: _____

RECORDS SPECIALIST: _____

DATE: _____